

The Sarah Isom Center for Women and Gender Studies
Permission to take Directed Readings Course

Course Requested: 499 599 Is this for a thesis? Yes No
Are you repeating the course: Yes No If so, with same instructor? Yes No
Semester Requested: Fall Spring FSum 1Sum 2Sum Year: _____

Student Information:

Name: _____ Student ID#: _____
Email: _____

Instructor Information:

Name: _____ Employee ID#: _____
Email: _____

Proposed Topic and/or Reading List:

Student Signature

Instructor Signature

Isom Center Director

Isom Center Use Only:

Entered into system by: _____ Date: _____